



Adult Social Care

Market Position

Statement 2018-2020

1. Introduction

This Market Position Statement (MPS) is for existing and potential providers of Adult Social Care (ASC) services in Leicester.

The city council wants there to be a range of good quality, responsive services in Leicester which meets the needs of adults with social care needs and their families and carers. The aim is to offer service users real choice and control about how they are supported to meet their aspirations. This document has been produced to encourage dialogue with current and potential providers of care and support about how to do that.

We have an ageing population in Leicester, who are living longer, but often with disabilities and poor health. This has led to an increase in demand for health and social care support. This, together with raised customer expectations and reductions in the availability of public funding, present significant challenges for both the council and for providers as well.

This MPS provides an outline of current and future need. It also describes our strategic direction for adult social care services, and outlines our view about how providers might plan for the changing needs for care and support in the future.

Your feedback

We see the Market Position Statement as part of a two-way conversation with the provider market to develop the services that people need to retain or develop their independence.

We will update the document regularly, and we welcome your feedback to help us ensure that it includes the information that you would find most helpful. To feed back, please complete the online form –

Click on -

[Your views on the Market Position Statement](#)

2. Adult Social Care strategic purpose and priorities

Our primary purpose in adult social care in Leicester:

- Enable self-support and independence
- Support and protect vulnerable people
- Promote individual wellbeing

Our six strategic priorities

1. We will protect adults with a social care need from harm and abuse.
2. We will embed a strength-based model of support, to promote wellbeing, self-care and independence.
3. We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care.
4. We will improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.
5. We will continue the work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood.
6. We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services.

3. Our strategic priorities for key service areas

Learning disability and Autism

1. Ensure good quality Community Opportunities provision.
2. Provide support to exercise choice through effective Direct Payment Support Services.

3. Support people to meet their aspirations in areas such as employment, independent living and education.
4. Ensure that services support users to maximise the effective use of health services.
5. Refresh the Learning Disability Commissioning Strategy and ensure users and carers are supported to co-produce.
6. Refresh the LLR Autism Commissioning Strategy and ensure users and carers are supported to co-produce.
7. Transforming Care will continue to change the way services for people with Learning Disabilities and or Autisms are commissioned. The challenge will be to have accommodation and support options available to provide services that will enable people to live sustainable lives in community settings once discharged from hospital.

Residential care

1. Reduce the number of residential care placements.
2. Support people who currently live in residential care to move into supported living if they are living in residential care because of a mental health or learning disability need.
3. Encourage providers to diversify to develop models of support that respond to changing demographics, and allow people to stay within their community.
4. Encourage providers to do more to market their services to self-funders.

Mental health

1. Monitor the availability and effectiveness of preventative mental health well-being services; including their ability to support Leicester's diverse community.
2. Support people to meet their aspirations in areas such as employment, independent living and education.
3. Refresh the mental health commissioning strategy and ensure users and carers are supported to co-produce.

Dementia care

Consultation has been held on the new Leicester, Leicestershire & Rutland Joint Dementia Strategy 2019-22. The final strategy will be published on:

<https://www.leicester.gov.uk/health-and-social-care/adult-social-care/adult-social-care-strategies/>

The key priorities that will be set out in the strategy are:

1. Ensure that people living with dementia have access to compassionate care and support, pre -diagnosis, post diagnosis and through to end of life care.
2. To promote awareness of and understanding of dementia.
3. To deliver the Leicester, Leicestershire and Rutland Joint Dementia Strategy.
4. Monitor the effectiveness of dementia services, including their ability to reach Leicester's diverse communities

Carers

Priorities are set out in the [draft Leicester, Leicestershire & Rutland Joint Carers Strategy 2019-22](#)

1. Deliver the Joint Leicester, Leicestershire and Rutland Carers Strategy.
2. Support carers to enable them to undertake their caring role whilst maintaining their own health and wellbeing.
3. Monitor the effectiveness of services that support carers, including their ability to reach out to Leicester's diverse communities

Supported and Independent Living

1. Cost-effective alternatives to residential care are being sought.
2. Opportunities for the increased use of assistive technology in the provision of extra care and supported living.

Physical and sensory disability

1. Increased focus on personalised services that provide early-intervention and prevention.
2. We require services that promote independence and inclusion.
3. Opportunities for the increased use of assistive technology support for independence and inclusion.

4. Our commissioning intentions

In order to ensure we are delivering appropriate services to meet individual's needs, Adult Social Care continues to review, redesign and commission or decommission services where appropriate.

Services being reviewed to establish future commissioning decisions:

- Advocacy services
- Carers' support services
- Services for people with visual or dual sensory impairment
- Disabled persons' support services
- Counselling
- Support for people who have had a stroke
- Funding for lunch clubs
- Support for people with acquired brain injury
- Arrangements for boarding people's pets in an emergency if the owner goes into hospital, moves into residential care, or is detained by Adult Social Care

Services to be procured during 2018-19, following reviews

- Four bespoke services that can meet the high support needs of individuals who will be leaving hospital care setting under the Transforming Care programme.
- Framework for Paid Person Representatives and Best Interest Assessors
- Adult Social Care support at HMP Leicester
- Advocacy services
- Carers' support services
- Services for people with visual or dual sensory impairment

As part of the ongoing commissioning cycle, services will be continually reviewed to establish future commissioning intentions, including:

- Ongoing review of the domiciliary support services framework to ensure sufficient providers are available to meet demand.
- Residential rehabilitation substance misuse framework.
- Delivery of adult social care act functions in HMP Leicester.
- Supported and independent living.
- A step-down service for those being discharged from a hospital setting, but require some support to enable the development of skills and identify the right support to access a community based service.
- Development of 400 new/converted supported and independent living services that can support a range of client groups including those in the Transforming Care Programme, over the next 4 years.
- Examine alternative arrangements for the purchasing of residential care beds, currently procured on a spot basis
- Monitoring of the community opportunities framework to ensure there is sufficient capacity to meet needs

5. Future demand

Demography and needs

1. There will be a larger number of older people, living longer. The number of people aged 65 to 84 is estimated to grow by 10,500 by 2025, and the population of over 85s by 1,600 in the same period.
 - there are fewer older people in central areas, and more older people in the outer wards of the city in the east, south and west;
 - the population of older people will become more ethnically diverse;
 - in the next 15 years, the number of people with dementia or a limiting long- term condition is likely to increase by around 50%; and
 - there will be significant increases in the number of people who are unable to manage self-care tasks:
 - 2016 – the number of people aged 65 and over unable to manage at least one self-care activity on their own was 13,563.
 - 2030 – the number of people aged 65 and over unable to manage at least one self-care activity on their own is estimated to be 19,339.

2. The numbers of people learning disabilities are projected to grow in the next 10 years:
 - 2016 – 5,389 people aged 18-64 predicted to have a learning disability
 - 2030 – 5,536 people aged 18-64 predicted to have a learning disability
3. An estimated 39,770 adults aged 16-64 living in Leicester have mental health problems. This represents 17.9% of adults in this age group. The proportion of people with mental health problems is projected to increase in Leicester by 18% to 46,928 by 2030.
4. There are about 5,225 people aged 65 and over providing unpaid care to a partner, family member or other person. This is projected to rise to about 7,399 by 2030.

The future market for care and support

1. There will be a rise in demand for care and support services.
2. Services will need to meet the needs of an increasingly diverse population.
3. There will be an increased emphasis on outcome focused services.
4. The numbers of service users using direct payments will rise, meaning that providers will increasingly be marketing their services direct to users.
5. Service users will have more information, advice and guidance about services that are available as the council develops this aspect of its role. This includes My Choice an e-directory of services, which was launched in 2016.
6. The number of council residential and nursing care placements will reduce.
7. The demand for domiciliary care will rise as more people receive this kind of support instead of residential care, and as their needs rise.
8. There will be a greater demand for housing that offers integrated care and support, for example Extra Care housing.
9. There will be an increased expectation that providers who are delivering care in supported and independent living accommodation services will be focused

on maximising the health and wellbeing of their clients, with a range of services to support this.

10. The Transforming Care Programme will mean a potentially small rise in the demand for bespoke supported living settings and support services, in order to meet the needs of individuals who have complex needs.
11. A key objective for care and support services will be to support people of working age to stay in or find employment.

6. Future directions for key services

Learning disability and Autism

Where are we now?

The majority of people with a learning disability and/ or autism that are in receipt of services and support from social care are people with complex health and social care needs who are likely to require substantial support in their daily lives.

However, despite their complexities, people with learning disabilities, including those with profound and multiple disabilities (PMLD) and those that may display behaviours that challenge, can form relationships, live independently, make choices and enjoy activities in the community with the right support. This is particularly important when working with young people with disabilities in preparing them for adulthood. Their aspirations and expectations to live normal lives must be an integral part of the person-centred planning during their teenage years, in preparation for the significant changes as they move into their adult lives.

Transforming Care – there is also a small number of people with a learning disability and/or autism, who require additional help and support because of behaviours that challenge, or because they also have mental ill health. This support can normally be provided in the community, but occasionally may require a hospital admission for specialist input.

The aim of the Transforming Care programme is to ensure that people are discharged back into the community at the earliest opportunity with the appropriate accommodation, help and support.

It is also important that we continue to work with Leicester Clinical Commissioning Group and health services to identify the need for post diagnostic support for people with Autism.

Where are we going?

We want to ensure that services are person-centred and co-produced with a focus on supporting people to aim for and achieve their aspirations in terms of health, education, employment, where they live, and a good social life. To achieve this, commissioners and partners need to:

- encourage the development of innovative models of service delivery that better meets the needs of people with learning disabilities and/or Autism and their families. This includes providing family carers with a break from caring;
- encourage a focus on 'stepping down' and 'moving on' from acute support and increasing capacity to meet the needs of those with complex needs in the community;
- encourage more providers to offer a wider range of personalised services that can be commissioned via personal budgets and direct payments;
- encourage an increase in the number of personal assistants.
- understand and increase the capacity and range of options to support people at home and in the community.
- increase the use of assistive technology to support people to live as independently as possible.
- develop opportunities for people to access universal services, for example, leisure, health, housing and employment;
- develop a step-down, step-up setting that will reduce the reliance on hospital settings to provide a hospital admission prevention service; and
- increase workforce understanding of and competencies to address the needs of people with Autism.

Residential and nursing care

Where are we now?

Historically there has been, and continues to be, an over reliance in Leicester on residential care, especially for those people with a learning disability or mental health support need. This is generally more expensive than supporting people to live in the community, but more importantly often prevents people from reaching their full potential and can result in people becoming isolated from their families and community.

Where are we going?

Residential and nursing care will continue to be an appropriate solution for some people because of their complex or specialist needs. The aspiration is to have a range of services which offer people choice and control by increasing the opportunities for all vulnerable adults to live independently within the many communities in Leicester.

This will promote independence, and improve the quality of life and outcomes for all. Changing demand and changing commissioning arrangements will see a shift towards a more diverse market place with opportunities for providers to offer more creative, non-traditional service models of residential care. The integration agenda also challenges providers to look at ways in which they can meet both health and social care needs in a seamless way. Newly commissioned services will be outcome focused and support individuals to maximise their independence and minimise reliance on statutory services.

In future, providers will need to be able to respond to trends such as:

- high demand for placements at local authority banded rates for a range of needs;
- increases in the number of people with dementia and/or challenging behaviour;
- the need for specialisation, such as step-down and step up support;
- the need for a continuum of care with mixed provision (for example combining housing with care); and
- making the most of technological advances (through better use of assistive technology).

The number of placements that the city commissions is expected to reduce as people want to remain at home for as long as is safely possible. However, there is a need for more specialist care such as dementia care and care for people with complex physical needs; as well as care for people with behavioural difficulties and challenges. There will continue to be demand for provision at local authority banded rates in Leicester.

What does this mean for providers?

We will contract with a range of care home providers to deliver good quality care and support for people with high levels of need.

Providers need to better market their services to self-funders, and also be able to provide good quality care at local authority banded rates.

Mental health

Where are we now?

New preventative mental health and wellbeing services began operating in October 2017. These provide information/advice, signposting and care support. We are keen to look at the take up and impact of these services as they bed in.

Research shows that access to services and outcomes of care for people with mental ill health requires improvement in general, particularly for certain communities such as people from black and minority ethnic, LGBT and newly arrived communities. This is because cultural and social factors can play a key role in how and when people access mental health crisis support services.

Key challenges include improving the availability of specialist mental health services and psychological therapies, and to giving mental health care parity with other health and social care services.

People should have timely access to the right treatment, be treated with respect, and have their views and preferences valued.

Where are we going?

We aim to have an increased focus on mental health awareness, and to ensure that we reach the diverse communities in Leicester, providing culturally appropriate help and support to improve the ways in which people from all communities' access mental health services.

Poor physical health increases the risk of mental ill health, so our goal is to achieve parity of esteem between mental and physical health across the life course. This will mean improvements in the NHS locally, helping people to contribute to their local communities, to have a decent home, a job, and good relationships.

To achieve better outcomes for those with mental ill health and their families and carers we will work in partnership to achieve:

- alignment of services across the city to decrease the mismatch between service need and location, and reduce the long wait for some services;
- a reduction in the use of residential care and increase life opportunities through the use of personal budgets and direct payments;
- people with mental ill health including drug and alcohol needs being able to live in their local area, even if they have complex needs, by expanding the range of care such as crisis resolution and outreach;
- people with mental ill health to be as independent as possible by ensuring that appropriate support and opportunities are available in community settings,

unless their condition dictates hospital admission, and ensure that carers get the right level of support and breaks;

- a reduction of the stigma around mental illness through the 'Time to Change' programme, and to develop joint plans for the reduction of suicide; and.
- an effective response to the needs of refugees and asylum seekers.

What does this mean for providers?

This is an opportunity for providers to develop services that match need across the city, allowing people to have their needs met in their local area.

Provider organisations need to reach the diverse communities in Leicester and provide services to meet those needs.

Dementia care

Where are we now?

There are approximately 3,000 people with dementia in Leicester. The risks of developing dementia increases with age, so most people with dementia are aged 65 and over. Dementia affects 7.6% of the population in this age group. There are also about 70 younger people with dementia.

Each year there are about 800 new people who receive a diagnosis of dementia in Leicester. There will be around 4,000 people with dementia in Leicester by 2030.

There is a clear need to improve rates of early diagnosis and then to offer people community based support following diagnosis. Leicester has a good rate of diagnosis (about 88% of the expected prevalence). It is therefore important that people living with dementia and their carers are able to be signposted to locally based support in a more timely way. People from black and ethnic minority communities are under represented amongst people accessing dementia support.

Better rates of early diagnosis and improvements in dementia care can only be achieved by developments across the whole of the dementia care pathway, including: commissioned memory assessment services; better hospital liaison and care; and good quality care and support for people living in the community, for example, domiciliary care and flexible respite and community opportunities.

A Dementia Support Service was jointly commissioned across Leicester and Leicestershire by the two local authorities and three CCGs. This contract started in

October 2017. This offers a range of opportunities for people living with dementia and their carers which include – advice and information, peer support and learning.

Where are we going?

In 2019 we would like to see the development of additional community services which can offer support to people with dementia and their carers in local areas. We are particularly interested in seeing the development of a range of local services that can support people from black and ethnic minority communities who develop dementia. Our experience shows that these groups are much less likely to seek support from statutory services. We welcome opportunities to discuss what this means with providers who have a focus on these hard to reach communities and who may be able to offer services tailored to the needs of these communities. Eligible service users would be able to access these services via Direct Payments.

The kinds of support that people find most valuable are: information; advice; befriending; opportunities to socialise; and support for carers. We are also working towards Leicester become a dementia friendly city, and for communities to become dementia friendly as well. To attain better outcomes for those with dementia and their families and carers we will work in partnership to achieve:

- greater awareness of dementia amongst the general population and universal services;
- early diagnosis and access to care and support services;
- Improved experience of hospital care and the management of physical health needs of people living with dementia;
- improved quality of care in residential/care homes;
- personalisation, to enable those with dementia to have choice and control to live well with dementia in the community;
- community opportunities to meet the needs of those with dementia; and
- domiciliary support that offers appropriate care to people living with dementia.

To find out more, please go to our Dementia Care and Support webpage:

<https://www.leicester.gov.uk/health-and-social-care/adult-social-care/what-support-do-you-need/dementia-care-and-support/>

Physical and sensory disability

Where are we now?

Physical or sensory disability of varying levels of severity present different issues in terms of the services required. Physical disability can leave people feeling isolated, disempowered and depressed. The loss or impairment of vision and hearing can substantially reduce the quality of life. Many people with physical disabilities are reliant on carers.

4,000 people aged 18-64 are thought to have a serious physical disability in Leicester. Of these, 234 are in receipt of social care through self-directed support or direct payments, with 86 in residential care. It is estimated that there are 19,412 working age people in Leicester with a moderate physical disability.

More specifically, there are: 2,233 people registered as having visual impairment; 120 deaf-blind people; 1,000 people with head injuries; and 6 cases annually of people diagnosed with motor-neuron disease.

Data from the service users who responded to the adult social care user survey shows overall that people with physical disability, frailty and sensory impairments in Leicester were less satisfied with their care and support than the average for England. In addition, Leicester service users were more likely to feel isolated and less likely to feel control over their daily lives to feel safe.

Some services are commissioned to support people with specific disabilities, such as support for people with sight or hearing loss. Other services are commissioned to support a range of disabilities, for example domiciliary care.

We are currently developing a Physical and Sensory Disability Strategy that will set out the evidence about needs and the evidence on the types of services that best meet those needs. This will enable us to continue to plan services for the future, and it will help us to identify where there may be unmet need as well.

Where are we going?

A significant and increasing number of people in Leicester have a physical and or sensory disability. This requires continued work to enhance their inclusion, participation and independence, and promote dignity, self-respect and individuality.

Assistive technology can help people carry out day to day tasks or manage risks more easily. It can help people safely remain more independent in their own homes for longer.

What does this mean for providers?

- 1. We continue to need providers to offer services that are 'personalised'. This means we need services that are capable of being shaped by and with disabled people themselves.**
- 2. We require services that promote independence and inclusion.**
- 3. There are opportunities for the increased use of assistive technology to support independence and inclusion.**

Community opportunities

Where are we now

Community opportunities are a range of daytime activities for disabled and older people to support them to socialise, learn new skills and play an active part in the community, whilst at the same time providing vital breaks for carers. Community opportunities are offered in a variety of ways that meet people's needs and aspirations, for example day services, group or one to one activities, social groups, and learning and volunteering opportunities.

The council's Enablement Team has helped more people to experience community based activities, for example attending a gym, volunteering on an allotment, and learning daily living skills. This has helped them to move away from traditional day services, and to maximise the use of their personal budgets by accessing both chargeable and free activities that are widely available in the community.

In June 2018, the council provided community opportunities services to 311 people. In addition to this, the council also supported a further 651 people to arrange community opportunities services for themselves or with some support via a direct payment.

Adult social care funds a range of activities, largely in the voluntary and community sector, that support disabled and older people to learn new skills, play an active role in the community, and maintain independence and wellbeing, whilst allowing family carers to have a break from their caring role.

In 2015-16, there was a 30% decrease in the number of people accessing these services where the council had arranged the support. A contributing factor is that more of our customers are choosing to arrange their own care and support through the use of direct payments.

Where are we going?

A framework contract for Community Opportunities was let in April 2018 and runs until 2021. The service supports people with:

- learning disability (moderate to severe)
- autistic spectrum conditions
- mental ill health
- physical disability
- sensory impairments (people who are deaf / hearing impaired, deafblind, or visually impaired)
- acquired brain injury

What does this mean for providers?

The council will monitor usage of the new framework agreement. If there are gaps in the market then the framework may be opened again. However, more people are choosing to access community opportunities by using a direct payment or prepayment card, and there are opportunities for new and innovative providers to meet the needs of this market. Service providers need to be mindful of Leicester's diverse communities and tailor their offer to meet a range of needs.

Carers

Where are we now?

In Leicester there are currently an estimated 30,000 carers.

Carers often experience high rates of depression and stress and they can become isolated. Nearly 20% of carers are themselves aged over 65 years. Many carers may be at risk of having care and support needs themselves.

Carers play a critical role in supporting people with needs and helping them to remain independent. However, evidence indicates that carers have higher levels of stress and anxiety and poorer physical health than the population generally. Providing support and reducing the risks to the health and wellbeing of carers are therefore significant challenges for health and social care services

Voluntary sector services have provided services to 9,122 carers in the city during 2016-17. These services consisted of: a variety of preventative support; training; carers breaks; advice; advocacy; drop-in sessions; and peer group support. In the past year the number of carer's assessments has fallen, but in the same period the number of joint assessments has risen by 110% from 740 to 1711.

Where are we going?

The Care Act gives carers the right to their own assessment of needs, and the Government is currently consulting on the new National Carers' Strategy.

In Leicester we have carers of all ages, including: young carers, carers at school, college and university, parent carers, carers in transition, working carers, mutual carers and elderly carers all of whom need services tailored to their needs. Therefore, a range of opportunities is required to reflect the differing needs and cultural background of carers.

In addition, there is scope for raising awareness of how technology can support carers in their caring role.

Adult Social Care is reviewing and consulting on a new approach to providing support to carers and is developing proposals to commission a more consolidated, streamlined offer to carers across the city.

To find out more, please go to our [Support for Carers webpage](#)

What does this mean?

Carers need support at different points in their caring roles and we are interested in services that can take a holistic view of carer's support requirements.

We will be going to procure a carers support service in Autumn 2018. We are looking for a service that can meet the needs of Leicester's diverse communities, and which is strengths and asset based.

Supported and Independent Living

Where are we now?

A framework contract for supported living is currently in place and provides support to people who live independently in these schemes

Both supported and independent living offer a cost-effective alternative to residential care that enables people to either continue living in their local community or offers the opportunity to live independently for the first time.

Supported and independent living can foster social inclusion and integration within the schemes and wider community. It also provides good quality accommodation that is accessible to those with reduced and limited mobility and is able to meet changing needs. It is known that having good accommodation improves a person's sense of well-being. It also offers a cost-effective alternative to residential care.

Where are we going?

The council has set out a range of actions to improve the pathway to and through independent living, and we have set some key performance targets. We are also carrying out a commissioning review of the Supported Living framework to meet the challenges of the future.

The term 'supported living' means accommodation with support. The housing options can take many forms and the people that are supported vary in terms of their circumstances and needs. In Leicester this includes people with learning disabilities; mental health problems; physical and/or sensory disabilities and/or older people.

Supported living can also support young people transitioning into adult social care and people our Transforming Care clients. Adult Social Care is also working with some people who are currently in residential care to move into independent living accommodation where appropriate.

Our approach is to deliver housing and support that is built around a person's needs and provides security, choice and independence. To do this, the council offers a range of supported living options.

We are currently drafting a strategy that outlines the plan for developing independent and supported living services for Leicester. The strategy will cover the next ten years and will set out plans to address the needs of people who receive adult social care who also have a housing need.

We recognise the challenges facing the sector, particularly in light of the current reforms and changes in government policy. This means it is particularly important for us to work with our market to manage these changes, to ensure we can develop the accommodation that is needed, as soon as it is needed.

As part of this, our first priority is to ensure people can access support at home. Where this is no longer an option, we need to ensure we can offer alternative options for people that can meet changing needs and offer real choice

What does this mean?

- 1. We are seeking more cost-effective alternatives to residential care.**
- 2. There are opportunities for the increased use of assistive technology in the provision of supported and independent living.**

7. Finance

Paying for care and support

Personal budgets Where individuals, including carers, have eligible needs that cannot be met in any other way, a personal budget will be provided. Our assessment will give an indication of the resources available through a personal budget and any contribution that the individual will be required to make. We will offer a choice of how a personal budget is taken – as a direct payment, as a managed budget or as a mixture of these. Support will be available for people who wish to have a direct payment and where they are unable to manage this safely for themselves.

Direct payments Individuals who choose to take their personal budget as a direct payment will then buy their services direct from providers.

Pre-paid cards This arrangement is now available following a successful pilot last year.

Managed service A managed service is where the local authority continues to buy the services on behalf of the individual.

Direct payment support services The council also commissions services that can support people who are taking their personal budget as a direct payment.

Self-funding People who fund their own care and support will also be able to make choices from a diverse range of good quality services.

As a result, the range of services that need to be available will need to be much more diverse as more people will choose to take their personal budgets as a direct payment, deciding how to spend it to best meet their individual needs.

The wider financial context

Adult Social Care spending sits within the wider financial position of the council.

The council is in the middle of the most severe period of spending cuts it has ever experienced. By 2019-20, total cuts to council spending will exceed £150 million, when compared to 2010-11.

The council's government grant has fallen, on a like for like basis, from £289 million in 2010-11 to a projected £166 million by 2019-20.

The council's budget will have fallen from £358 million to an equivalent of £280 million by 2019-20. These figures, however, mask the fact that additional funding has been required to manage pressures in statutory social care. The amounts available for all other services have consequently fallen by around two thirds over the same period (after allowing for inflation).

By careful management, the council has built up reserves which mean that 'crisis cuts' have been avoided. The reserves have bought time, which is being used to carry out detailed reviews of all key areas of service.

Click here to find out more about [the council's budget](#)

8. Performance of Adult Social Care

Each year, Adult Social Care publishes its 'local account' of performance for the preceding 12 months. The Local Account sets out performance targets and actuals for nationally prescribed outcomes, including comparisons with other councils; performance of specific services; and plans going forward.

Click here to read the latest [Adult Social Care Local Account](#).

9. Quality in the market

The aim of adult social care is to protect and empower the most vulnerable people in Leicester. This means making sure that publicly funded care and support is provided only when it is needed, and making sure that it is cost effective. Many people receiving services say that there are a number of things that are very important to them:

- that people are at the centre of their care rather than fitting them into services;
- that people who use services and their carers are treated as individuals;
- that individuals have choice and control over the services that they receive;
and
- we listen to users of the services and act on what they say.

We also want to take a positive approach to social care, which highlights what people using the services can do and might be able to do with appropriate support, not just what they can't do.

To make sure that this happens, the council has worked with care providers (residential care, domiciliary care and supported living providers) to develop a set of standards to show that people are receiving high quality care. These standards form a Quality Assurance Framework (QAF) and look at the following areas:

- personalised care, treatment and support;
- voice choice and control;
- safeguarding and safety;
- staffing and employment;
- business management; and
- quality management.

The city council's contracts and assurance service works with the providers on an annual basis to look at how well people are being helped and to form an opinion as to how providers were doing.

We then rate the provider as being either:

- **Excellent** This means that the provider has shown that they are delivering high quality services to people and the provider is striving to be a leader in their field;
- **Good** The provider can show that the services they offer are good;
- **Compliant** The provider is able to show us that they meet the minimum standard required; or
- **Non-compliant** The provider does not meet the minimum standards expected and they have to make changes.

At the time of writing, 88% of providers were rated as excellent, good or compliant, under the QAF assessment, and 12% were rated as non-compliant. The contracts and assurance service will continue to work with those providers who are not compliant with the standards.

The QAF process is designed to promote continuous improvement in provider services. With each provider the council makes recommendations about activities that can be undertaken that will not only improve outcomes for individuals, but also to raise the rating that the provider can achieve.